

Policy and Procedures Authority and Consent Form

We						
Name	s of Parent/s	or Legal Guardian/	s of			
•Child	1 Yr Level		Yr	Level	_	
•Child	2 Yr Level		Yr	Level	_	
Child	3 Yr Level		Yr	Level	_	
				on any form of pu be necessary or do	•	e transport
		ny child walking wi	•	ision to adjacent s	porting facili	ties including
			_	organised or availa gs, excursions and		, school camps,
	a) Consent to the school by its servants or agents seeking such medical or dental advice on behalf of my child as it sees fit in the event of accident or illness and if in the opinion of an attending medical or dental practitioner or medical officer my child requires medical or dental attention or treatment including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation, to such medical or dental practitions or medical officer giving such attention or treatment.					
	b) Certify that the consent which I have given in (a) is valid at all times while my child is in the custody of the school including but not limited to such times as my child is at school, is present at school camps or is attending or participating in an outing, excursion or function.					
	Consent for i		ren to appear on	the school website	and in any s	school and
	I have read t this code.	he Student Code c	f Conduct and un	derstand the implic	cations of an	y breaches of
		my family contact copy and email.	details to be passe	ed on to the familie	es of student	s in my child's
Parent	:lCarer Signatu	re	Date _			
Parent	/Carer Signat	ure	Date			
Autho	rity and Conse	ent Form (Please co	mplete and retur	n this form)		